STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G736	A. BUILDING _____ B. WING _____	R 03/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILITIES SERVICES INC	2200 S EARL AVE LAFAYETTE, IN 47905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS	{W 000}		

This visit was a post-certification revisit (PCR) to the PCR conducted on 02/15/12 to the full recertification and state licensure survey conducted on January 10, 2012.

This visit was in conjunction with the PCR to the PCR completed on 02/15/12 to the PCR completed on 01/10/12, to the PCR completed 08/04/11, to the investigation of complaint #IN00092167 completed on 7/1/11.

This visit was in conjunction with the PCR to the PCR completed on 02/15/12 to the PCR completed on 01/10/12, to the PCR completed 08/04/11, to the investigation of complaints #IN00089801 and #IN00090212 completed on 5/6/11.

This visit was in conjunction with the investigation of complaint #IN00104280.

Dates of Survey: March 21 and 22, 2012.

Facility number: 005592
Provider number: 15G736
AIM number: 200859130

Surveyor: Claudia Ramirez, RN, Public Health Nurse Surveyor III

Abilities Services Inc. was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the PCR to the PCR to the full recertification and state licensure survey. Quality Review completed 3/27/12 by Ruth Shackelford, Medical Surveyor III.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE